
Name

Mailing Address

City, State Zip Code

Phone Number

☐ Petitioner ☐ Respondent ☐ Co Petitioners

Appearing without a lawyer

Montana _____ Judicial Court of _____ County

In re the Marriage of:

_____,
☐ Petitioner,

and

_____,
☐ Respondent ☐ Co Petitioner.

Case No: _____

☐ **Petitioner** ☐ **Respondent**

Disclosure of Income and Expenses

NOTE: This Document is served on the **other party only** and **cannot be filed with the Court** unless the Court specifically orders you to file it.

The following is being served as required by § 40-4-252-4, MCA.

1. Disclosure of Income

Source of Income		Amount per Month
Gross Wages, Salary, Commissions	Husband:	
	Wife:	
Rents, Interests, Dividends	Husband:	
	Wife:	

Source of Income		Amount per Month
Self Employment Earnings	Husband:	
	Wife:	
Unemployment or Worker's Compensation	Husband:	
	Wife:	

Social Security Benefits, including SSI, SSDI	Husband:	
	Wife:	
Public Assistance	Husband:	
	Wife:	
Food Stamps	Husband:	
	Wife:	
Pension, Retirement	Husband:	
	Wife:	
Child Support	Husband:	
	Wife:	
Dependent's Benefits	Husband:	
	Wife:	
Other Income (<i>describe</i>):		
	Husband:	
	Wife:	
<i>Monthly Total</i>	<i>Husband:</i>	
	<i>Wife:</i>	

(If you have additional income, complete and staple **Form** _____ to this document.)

2. Disclosure of Expenses

Description of Expense		Amount per Month
Taxes and withholdings	Husband:	
	Wife:	
Retirement Contribution	Husband:	
	Wife:	
Health Insurance (self and children)	Husband:	
	Wife:	
Medical Expenses	Husband:	
	Wife:	
Rent or Housing (including taxes and insurance)	Husband:	
	Wife:	
Transportation	Husband:	
	Wife:	
Car Insurance	Husband:	
	Wife:	
Student Loans	Husband:	
	Wife:	
Utilities	Husband:	
	Wife:	
Telephone (cell phone and land line)	Husband:	
	Wife:	
Clothing	Husband:	
	Wife:	
Food and Household Supplies	Husband:	
	Wife:	

Child Care	Husband:	
	Wife:	
Union Dues	Husband	
	Wife	
Child Support Payments	Husband:	
	Wife:	
Other: (describe)	Husband:	
	Wife:	
<i>Monthly Total</i>	<i>Husband:</i>	
	<i>Wife:</i>	

(If you have additional expenses, complete and staple **Form** ____ to this document.)

I declare under penalty of perjury and under the laws of the state of Montana that the information in this document is true and correct. I understand that it is a crime to give false information in this document.

Dated this _____ day of _____, 20__.

City _____ State _____

Sign Here: _____

Print Name: _____

☐ Petitioner ☐ Respondent

☐ Co-Petitioner Husband ☐ Co-Petitioner Wife